



Audit of Building and Staff Security

Draft Report Issued: 14 February 2023
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Audit Report Distribution

Client Lead:	Senior Manager Property and Estates Senior Manager Customer Services
Chief Officer:	Programme Director – Workington Chief Officer – Customer Operations Chief Executive
Others:	Strategic Advisor Tier 1 - Health Safety & Resilience
Audit Committee:	The Audit Committee, which is due to be held on 20 th March 2023 will receive a copy of this report.

Note: Audit reports should not be circulated wider than the above distribution without the consent of the Designated Head of Internal Audit.

1.0 Background

- 1.1. This report summarises findings from the audit of building and staff security. This was an internal audit review included in the 2022/23 risk-based audit plan agreed by the Audit Committee on 26th September 2022.
- 1.2. Council services are delivered from the Council's primary headquarters in Allerdale House, Workington. Customer Services Representatives are based at Maryport, Wigton and Keswick. While the Covid-19 pandemic resulted in many staff working remotely, use of office space is beginning to increase with officers adopting a hybrid approach. Many of the Council's Services include direct interaction with the public, who attend Council buildings.
- 1.3. The security of both staff and council property is important to ensure staff feel safe and assets are protected.

2.0 Audit Approach

Audit Objectives and Methodology

- 2.1 Compliance with the mandatory Public Sector Internal Audit Standards requires that internal audit activity evaluates the exposures to risks relating to the organisation's governance, operations and information systems.
- 2.2 A risk-based audit approach has been applied which aligns to the five key audit control objectives (see section 4). Detailed findings and recommendations are reported within section 5 of this report.

Audit Scope and Limitations.

- 2.3 The Client Lead for this review were Senior Manager - Property and Estates and Senior Manager - Customer Services and the agreed scope was to provide independent assurance over management's arrangements for ensuring effective governance, risk management and internal controls of the following risks:
 - Failure to achieve business objectives due to inadequate embedding of risk management.
 - Failure to protect staff due to insufficient processes.
 - Insufficient arrangements in place to protect council assets.
- 2.4 There were no instances whereby the audit work undertaken was impaired by the availability of information.

3.0 Assurance Opinion

- 3.1 Each audit review is given an assurance opinion intended to assist Members and Officers in their assessment of the overall governance, risk management and internal control frameworks in place. There are 4 levels of assurance opinion which may be applied (See **Appendix C** for definitions).
- 3.2 From the areas examined and tested as part of this audit review, we consider the current controls operating within building and staff security provide **reasonable assurance**.

Note: as audit work is restricted by the areas identified in the Audit Scope and is primarily sample based, full coverage of the system and complete assurance cannot be given to an audit area.

4.0 Summary of Recommendations, Audit Findings and Report Distribution

- 4.1 There are two levels of audit recommendation; the definition for each level is explained in **Appendix D**. Audit recommendations arising from this audit review are summarised below:

Control Objective	High	Medium
1. Management - achievement of the organisation's strategic objectives achieved (see section 5.1)	-	-
2. Regulatory - compliance with laws, regulations, policies, procedures and contracts (see section 5.2)	-	1
3. Security - safeguarding of assets (see section 5.3)	-	6
4. Information - reliability and integrity of financial and operational information (N/A)	-	-
5. Value – effectiveness and efficiency of operations and programmes (N/A)	-	-
Total Number of Recommendations	-	7

- 4.2 Management response to the recommendations, including agreed actions, responsible manager and date of implementation are summarised in Appendix A. Advisory comments to improve efficiency and/or effectiveness of existing controls and process are summarised in Appendix B for management information.

4.3 Findings Summary (good practice / areas for improvement)

Satisfactory arrangements are in place to help ensure staff and building security at Council buildings.

A suitable staffing structure is in place supported by relevant job descriptions. Relevant service plans and operational risk registers have been documented.

Contact details of trained first aiders have been reviewed, updated and are now available throughout the building. First aid kits are now complete.

Opinions on personal security have been requested from Customer Service staff.

Council buildings are protected by close circuit television.

Some issues have been raised without recommendation as it is felt significant value would not be added prior to local government reorganisation (LGR).

Relevant policies and procedures are in place, although some may benefit from review and update.

Regular fire evacuation drills will further increase robustness of current fire safety arrangements already in place.

Suitable lone working arrangements are in place. Regular testing of lone working devices at all locations is recommended.

Internal security alarm testing and robust staff guidance will further enhance current security arrangements.

Unauthorised access to Council buildings out of hours and recording of key allocations should be further considered.

Regular review of key fobs will help ensure that only current staff have access to Council buildings.

Comment from the Programme Director - Workington

The recommendations are noted and have been reviewed with the Senior Manager, Property and Estates who will be responsible for ensuring recommendations 6 and 7 are implemented.

Comment from the Chief Officer – Customer Operations

I welcome the recommendations in the report and can confirm that all recommendations will be acted upon and implemented in full by 31 March 2023.

5.0 Audit Findings & Recommendations

5.1 Management – Achievement of the organisation’s strategic objectives

- 5.1.1** Job descriptions are in place for all roles with responsibilities appropriately defined around security. Inductions for Customer Service staff can be evidenced. Senior Business Support – Cleansing confirmed inductions have been held for new members of the cleansing team although relevant paperwork has not been retained. It is advised that Human Resources retain evidence of completion for all inductions.
- 5.1.2** The Council’s e-learning software (Learning Pool) displays some health and safety policies that are not current. For example, the Fire Evacuation Policy. E-learning content is being reviewed as part of LGR. It is advised that following LGR, all e-learning content is reviewed on a regular basis, demonstrating that policies included remain current. The employee handbook does not reference staff or building safety. It is further advised that this is considered for inclusion as part of the LGR transition arrangements.
- 5.1.3** Policies and procedures for staff and building safety are in place with an Allerdale House Safety Protocol in draft. Some policies would benefit from further review and update, although this is not likely to add significant value prior to LGR. Following LGR it is advised that document management arrangements are put in place to demonstrate regular review and update of all policies and procedures.
- 5.1.4** Property Services, Customer Services and Health and Safety have relevant service plans and risk registers in place. Risks are assigned to relevant staff. Testing identified that no of registers reference building or staff safety. Senior Manager – Customer Services confirmed that following several recent incidents at Allerdale House, staff safety will be added to the Customer Services risk register.
- 5.1.5** Historically, departmental risk registers have been reviewed on an informal basis. Regular review in line with the Integrated Assurance Strategy could not be demonstrated. It is advised that following LGR, departmental risks are regularly reviewed in line with the new risk management framework with evidence of agreement by the wider management team retained.
- 5.1.6** A health and safety risk assessment was updated for Allerdale House in November 2022. The assessment includes mitigating actions for threats of physical or verbal violence to staff. Risk assessments for the Wigton and Keswick offices completed in 2021 now require further review and update. Following Maryport office renovation, there is no risk assessment in place. Senior Manager – Customer Services has recently been appointed and would benefit from further guidance on risk assessment completion. It is advised that

training requirements are reviewed, helping to ensure that all risk assessments are completed in line with the Corporate Health and Safety Policy.

5.2 Regulatory – compliance with laws, regulations, policies, procedures and contracts

5.2.1 The Health and Safety (First Aid) Regulations require employers to provide adequate and appropriate equipment, facilities and trained staff. The Council's Corporate Health & Safety policy recognises the need to meet this legislation.

5.2.2 Following a recent incident at Allerdale House, first aid trained staff were not identified in a timely manner although 3 suitably trained staff were present. During the audit, staff details were reviewed, updated and are now available throughout the building. To further increase resilience, a request for additional volunteers was sent to all Chief and Deputy Chief Officers.

5.2.3 An inspection of first aid kits throughout Allerdale House identified out of date contents. This was also rectified at the time of the audit with all kits replaced. It is advised that Health and Safety put an arrangement in place to regularly demonstrate the availability of first aiders and completeness of first aid kits.

5.2.4 An updated fire evacuation policy was issued to staff in December 2022. Regular fire alarm tests are carried out across all offices. Yearly maintenance checks are carried out on alarm systems and fire extinguishers. The Strategic Advisor – Health, Safety and Resilience confirmed that regular fire evacuation drills had not taken place, in line with the policy.

Recommendation 1 - Health, Safety and Resilience should ensure fire evacuation drills are performed in line with the policy.

5.3 Security – Safeguarding of Assets

5.3.1 Suitable lone working policies are in place with lone working devices, body worn cameras and buddy systems used across the Council. Signs in buildings and offices advise customer threats and aggression towards staff will not be tolerated.

5.3.2 A contract (commencing late 2022) is in place with Reliance High Tech for the provision of lone working devices in Customer Services, although it could not be located at the time of the audit. It is advised that a signed copy of the contract is retained.

5.3.3 Audit testing identified that due to lack of GPS connection, lone working devices do not work consistently in all locations which may compromise staff safety.

Recommendation 2 – Put an arrangement in place to demonstrate lone worker devices work effectively and consistently in all work locations.

5.3.4 Customers Services policies are in place for dealing with challenging customers. Specific reception procedures have been reviewed and updated in line with changing working practices. All documents are available on Teams OneDrive. A copy of the reception procedures are held at the desk.

5.3.5 Panic buttons with a direct connection to police are in place at Workington, Wigton and Keswick. Audit testing confirmed that staff are competent in their use. Panic and intruder alarms are tested annually. The Maryport reception office has been recently refurbished with no security screens or panic buttons installed. This was raised with the Senior Manager – Customer Services, who confirmed that until safety measures were fitted, and the health and safety risk assessment completed, the reception office would not be used.

5.3.6 Allerdale House has an internal service button system with individual alarms allocated to offices and the reception desk allowing staff to request assistance from the contact centre should they require additional help or support from a colleague in an non-emergency situation. Once the alarm is sounded, a hub leader identifies and investigates which office the alarm relates to. During audit testing, the alarm hub lost connectivity and no alarms sounded. Two new hub leaders at the contact centre, were unaware of the system and their responsibilities.

Recommendation 3 – Ensure regular testing is completed for the internal alarm system and further guidance issued to relevant staff.

5.3.7 All visitors and customers are greeted at Allerdale House by a member of customer services at the reception desk. Although the desk is fitted with a protective front screen, both sides are open. During audit testing, a survey was issued to customer services staff on the current reception desk arrangements at Allerdale House. The following concerns were expressed:

- Little physical protection in place.
- No emergency evacuation plan in place should a customer become aggressive.
- The desk is too small.
- Consideration of an enclosed desk for equipment and data protection.

5.3.8 During the audit, Senior Manager - Property & Estates and Senior Manager - Customer Services considered options for improvement. Allerdale House is an anchor building for the new authority works should be completed ahead of vesting day.

Recommendation 4 – Ensure improvement works to Allerdale House Reception are completed by 1st April 2023.

5.3.9 Allerdale House customer services staff follow clear directions for visitors arriving to attend meetings. Visitors are escorted out of the building by the officer who arranged the meeting. During audit testing, an external visitor left the building unescorted, leading to unauthorised access by a member of the public. The individual was then escorted out of the building by reception staff. Following the incident, further guidance was issued to all staff, helping to prevent reoccurrence.

5.3.10 The Specialist Elections & Democratic Officer confirmed members of the public attending public meetings do not sign into the building, although all other fire regulations are followed. It is advised that an arrangement is considered to demonstrate that all members of the public sign into the building when attending public meetings.

5.3.11 Following previous incidents at Allerdale House, the Senior Specialist – Legal developed the Warning Marker Panel. The Panel considers placing warning markers on individuals following reports of threats or violence to staff. They are advised on the outcome which may include offices bans, a single point of contact or interviews conducted in pairs. An IT issue has prevented markers uploading to a central log, so officers are informed by email. Legal and IT are working on a resolution.

5.3.12 The relevant policy is entitled 'Risk Warning Marker Panel'. It is advised that the title is amended to 'Warning Marker Panel', making it easier to locate in Allerdale's internal storage system. The policy is under review and inclusion as part of the induction process is being considered.

5.3.13 Adequate insurance is in place to protect council assets in the office, at home and when transported between the two.

5.3.14 During audit testing, IT developed a database to record all equipment allocated to staff. Regular emails were issued for staff action and the exercise is approximately 50% complete. Future allocation of equipment to staff will be recorded.

5.3.15 Appropriate and effective procedures are in place for the receipt of suspicious packages in the fulfilment centre.

5.3.16 Staff sign in and out of Allerdale House, Maryport and Wigton using tick sheets. Despite regular reminders, audit testing found that the process is not consistently followed at Allerdale House. The Keswick office uses a magnetic board to confirm the presence of staff and other tenants. Audit testing also confirmed that the process is not consistently followed by other tenants. Senior Manager - Property & Estates confirmed plans to use existing fobs to record attendance at Allerdale House. Introduction of this process is advised prior to LGR.

5.3.17 Physical building checks are completed prior to locking up and alarm setting. Audit testing identified incidents where buildings have remained unlocked and unalarmed after all users have left.

Recommendation 5 – Put an arrangement in place to prevent unauthorised access to Council buildings outside standard office hours.

5.3.18 Incidents have previously occurred where customer services staff have incorrectly locked the main doors, causing issues for evening cleansing staff. Additional training has been completed for customer services staff with guidance notes issued. Cleansing staff have confirmed no further incidents.

5.3.19 The Senior Business Support – Cleansing confirmed training completion for cleansing staff on locking council buildings. Despite the training, audit testing found that staff confidence in the process remains low. It has been requested that alternate staff lock the buildings, but audit testing found is often left to the same person to complete. It is advised that further guidance to cleansing staff may be beneficial.

5.3.20 The Senior Manager – Property & Estates confirmed that a shared bunch of keys is held by the cleansing team. Keys are not allocated to individuals and recorded, although Property Services are aware who has access.

Recommendation 6 – Put an arrangement in place to record allocation of Council building keys.

5.3.21 Allerdale House operates on a fob system with Property Services, maintained via Net2Access. Access granted is dependent on job role. When leaving the Council, access is removed once IT equipment and fobs are returned. Audit testing confirmed examples of staff who have left the Council and remained on the system with building access.

Recommendation 7 – Put an arrangement in place to demonstrate regular review of unauthorised access via Net2Access.

5.3.22 Guidance has not been provided in the event of staff or members forgetting their fob and requiring building access. During the initial staff survey this was raised by customer services staff. As fobs are due to replace signing in/out for fire evacuations within Allerdale House, it is advised that management may wish to consider a more formal arrangement, directing staff on the process to follow.

5.3.23 Relevant CCTV privacy policies are in place which conform with national guidelines. CCTV signage is on display within Allerdale House reception. There are no external signs where CCTV is present. It is advised that additional CCTV signage is displayed externally. All CCTV equipment is stored in a secure area with only Property Services and IT staff having access. The system is fully maintained and serviced with an agreement in place should issues occur.

5.3.24 In addition to the main camera feed, a Customer Services visual only feed is supplied to cover:

- Cover the front door.
- Offices used for customer meetings.
- Reception desk and surrounding areas.

A second visual only feed is available for homelessness staff to monitor their client interview room. The Manager – Housing Options advised that without sound, it can be difficult for colleagues to establish if a customer is displaying aggressive behaviour. If concerning behaviour is witnessed, other staff investigate. All staff are trained in the use of office panic buttons.

Appendix A – Management Action Plan

Summary of Recommendations and agreed actions					
Recommendations	Priority	Risk Exposure	Agreed Action	Responsible Manager	Implementation Date
Recommendation 1 - Health, Safety and Resilience should ensure fire evacuation drills are performed in line with the policy.	M	Failure to meet Council's procedures / guidance on health & safety may lead to staff and members of the public being put at risk.	Drill to be carried out during quarter 4 and documented.	Strategic Advisor Tier 1 - Health Safety & Resilience	End of quarter 4 - 31.03.2023
Recommendation 2 – Put an arrangement in place to demonstrate that lone worker devices work effectively and consistently in all work locations.	M	Staff safety should an incident occur.	Senior Customer Services staff to review understanding & use of lone working devices monthly, as part of staff appraisal process.	Senior Manager – Customer Services	End of quarter 4 - 31.03.2023
Recommendation 3 – Ensure regular testing is completed for the internal alarm system and further guidance issued to relevant staff.	M	Staff safety could be at risk.	<p>Procedure for operating the internal alarm system updated & displayed on reception desk, as well as in Interview Rooms 1 & 4.</p> <p>Senior Customer Services staff to carry out testing of the system at the end of each quarter, commencing 28/03/23.</p>	Senior Manager – Customer Services	End of quarter 4 - 31.03.2023

<p>Recommendation 4 – Ensure improvement works to Allerdale House Reception are completed by 1st April 2023.</p>	<p>M</p>	<p>Staff safety could be at risk.</p>	<p>Meeting scheduled for 22/02/23 to finalise arrangements for necessary improvement works (PH).</p>	<p>Senior Manager – Customer Services Senior Manager – Property & Estates</p>	<p>End of quarter 4 - 31.03.2023</p>
<p>Recommendation 5 – Put an arrangement in place to prevent unauthorised access to Council buildings outside standard office hours.</p>	<p>M</p>	<p>Unauthorised access to the Council premises.</p>	<p>Visitor Book updated to record who is responsible for hosting guests at Allerdale House.</p> <p>Closing procedures at Allerdale House updated. Staff to check the Visitor Book before main doors are locked to ensure all visitors have signed out & left the building.</p> <p>If visitors are still in a meeting, at the time the main doors are locked, an email will be sent to the member of staff responsible advising them to please ensure that their visitor is escorted out of the building.</p> <p>Opening & closing procedures at Keswick, Maryport & Wigton offices being reviewed with staff working in those buildings.</p>	<p>Senior Manager – Customer Services</p>	<p>End of quarter 4 - 31.03.2023</p>

Recommendation 6 – Put an arrangement in place to record allocation of Council building keys.	M	Unauthorised access to the Council premises.	Training to be completed with all cleansing staff with a documented list to be created for key allocation and issued to HR.	Senior Manager – Property & Estates	28.02.2023
Recommendation 7 – Put an arrangement in place to demonstrate regular review of unauthorised access via Net2Access.	M	Unauthorised access to the Council premises.	Process to be established with HR to ensure staff leaving the authority are reported to Property Services who will then remove from the system.	Senior Manager – Property & Estates	End of quarter 4 - 31.03.2023

Appendix B – Advisory Comments

Ref	Advisory Comment
5.1.1	Human Resources to retain evidence of completion for all inductions.
5.1.2	Following LGR, e-learning content to be reviewed on a regular basis, demonstrating that policies included remain current. Consider including staff and building safety in the employee handbook as part of LGR transition arrangements.
5.1.3	Following LGR, document management arrangements to be put in place, demonstrating regular review and update of all policies and procedures.
5.1.5	Following LGR, departmental risks to be regularly reviewed in line with the new risk management framework. Evidence of agreement by the wider management team should be retained.
5.1.6	Training requirements to be reviewed, helping to ensure that all risk assessments are completed effectively, in a timely manner and in line with the Corporate Health and Safety Policy.
5.2.3	Health and Safety to put an arrangement in place to regularly demonstrate availability of first aiders and completeness of first aid kits.
5.3.2	A signed copy of the lone working contract with Reliance High Tech should be retained.
5.3.9	Consider an arrangement to demonstrate that all members of the public sign into the building when attending public meetings.
5.3.11	Amend policy title to 'Warning Marker Panel', making it easier to locate in Allerdale's internal storage system
5.3.15	Introduction of fob use to record attendance is advised prior to LGR.
5.3.18	Management should consider additional training for the night-time cleansing team to ensure all staff are competent when locking up.
5.3.21	Management may wish to consider a formal arrangement for staff and member building access without a fob.
5.3.22	Additional, external CCTV signage to be considered.
5.3.23	Consideration should be given to an investigation if the existing CCTV equipment can be enabled to provide an audio feed.

Appendix C - Audit Assurance Opinions

There are four levels of assurance used; these are defined as follows:

	Definition:	Rating Reason
Substantial	There is a sound system of internal control designed to achieve the system objectives and this minimises risk.	<p>The control framework tested are suitable and complete are being consistently applied.</p> <p>Recommendations made relate to minor improvements or tightening of embedded control frameworks.</p>
Reasonable	There is a reasonable system of internal control in place which should ensure system objectives are generally achieved. Some issues have been raised that may result in a degree of unacceptable risk exposure.	<p>Generally good systems of internal control are found to be in place but there are some areas where controls are not effectively applied and/or not sufficiently embedded.</p> <p>Any high graded recommendations would only relate to a limited aspect of the control framework.</p>
Partial	The system of internal control designed to achieve the system objectives is not sufficient. Some areas are satisfactory but there are an unacceptable number of weaknesses that have been identified. The level of non-compliance and / or weaknesses in the system of internal control puts achievement of system objectives at risk.	<p>There is an unsatisfactory level of internal control in place. Controls are not being operated effectively and consistently; this is likely to be evidenced by a significant level of error being identified.</p> <p>High graded recommendations have been made that cover wide ranging aspects of the control environment.</p>
Limited/None	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes the system objectives to an unacceptable level of risk.	<p>Significant non-existence or non-compliance with basic controls which leaves the system open to error and/or abuse.</p> <p>Control is generally weak/does not exist.</p>

Appendix D

Grading of Audit Recommendations

Audit recommendations are graded in terms of their priority and risk exposure if the issue identified was to remain unaddressed. There are two levels of audit recommendations; high and medium, the definitions of which are explained below.

	Definition:
High	Significant risk exposure identified arising from a fundamental weakness in the system of internal control
Medium	Some risk exposure identified from a weakness in the system of internal control

The implementation of agreed actions to Audit recommendations will be followed up at a later date (usually 6 months after the issue of the report).